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Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Silva, C. d. S., Souza, K. V. d., Alves, V. H., Cabrita, B. A. C., & Silva, L. R. d. (2016). Nurse's performance in prenatal consultation: limits and capabilities. *Revista de Pesquisa: Cuidado é Fundamental Online*, 8(2), 4087-4098. <https://doi.org/10.9789/2175-5361.2016.v8i2.4087-4098>

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Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

REVIEW

Atuação do enfermeiro na consulta pré-natal: limites e potencialidades

Nurse's performance in prenatal consultation: limits and capabilities

Actuación del enfermero en la consulta prenatal: límites y potencialidades

Crislaine de Souza Silva¹, Kleyde Ventura de Souza², Valdecyr Herdy Alves³, Bruno Augusto Corrêa Cabrita⁴, Leila Rangel da Silva⁵

ABSTRACT

Objective: identifying the limits and the capabilities of the nurse's performance in the prenatal consultation. **Method:** a narrative review of literature. The choice of articles was conducted between 2005 and 2009, carried out at VHL with the following descriptors: prenatal care, prenatal assistance, nursing care and nurse assistance. The subject matters dealt in two sections: those which reported to the limits and those related to nurse's the capabilities of the nurse in prenatal appointment. **Discussion:** 26 productions: 21 scientific and 5 institutional. Regarding the limits of nurse's performance in prenatal care, there are: the attention focused on the biomedical model; the precariousness of resources and the ignorance of the nurse's work were identified as nurse's limits of performance. Capabilities: acceptance, bond and interaction, education practice of education in health and the professional commitment of the nurse's commitment. **Conclusion:** the positive impact of their actions on prenatal consultation is obvious, particularly when regarding the recognition of women's needs and effort to the integrality of health actions. **Descriptors:** Prenatal care; Women's health, Obstetric nursing.

RESUMO

Objetivo: identificar os limites e as potencialidades da atuação do enfermeiro na consulta pré-natal. **Método:** revisão narrativa da literatura. A seleção dos artigos de 2005 a 2009 foi realizada na BVS com os descritores: cuidado pré-natal, assistência pré-natal, cuidados de enfermagem, assistência de enfermagem. As temáticas foram agrupadas em dois eixos: aquelas que se reportavam aos limites e aquelas voltadas às potencialidades da atuação do enfermeiro na consulta pré-natal. **Discussão:** 26 produções: 21 científicas e 5 institucionais. Como limites foram destacados: atuação do enfermeiro no pré-natal; atenção baseada no modelo biomédico; precariedade de recursos e o desconhecimento do trabalho do enfermeiro. Como potencialidades: acolhimento, vínculo e interação, prática de educação em saúde e o comprometimento profissional do enfermeiro. **Conclusão:** o impacto positivo de suas ações na consulta pré-natal é evidente, particularmente no que se refere ao reconhecimento das necessidades das mulheres e no esforço à integralidade das ações em saúde. **Descritores:** Cuidado pré-natal, Saúde da mulher, Enfermagem obstétrica.

RESUMEN

Objetivo: Analizar y listar factores y técnicas de monitoreo relacionados a adhesión al tratamiento antiretroviral. **Método:** estudio de revisión integradora de la literatura a partir de las bases electrónicas LILACS y MEDLINE, realizado en el mes de abril y mayo de 2013, **Resultados:** factores como escolaridad, complejidad del tratamiento, agravantes psicológicos y la relación entre profesional de salud y usuario, tuvieron destaque relevante en la adhesión a TARV. En ese contexto, monitorear y medir la adhesión a la terapia antiretroviral con el uso de técnicas adecuadas puede contribuir para un aumento significativo de esos valores. **Conclusión:** es cierto que no existe um padrão oro que garantice la adhesión ideal, com todo, el uso de técnicas de monitoreo correctas y combinadas, pueden disminuir significativamente el impacto de diversos factores que predisponen la adhesión ineficaz al tratamiento del SIDA. **Descriptores:** Síndrome de inmunodeficiencia adquirida, Negativa del paciente al tratamiento, Terapia antirretroviral altamente activa.

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INTRODUCTION

In Brazil, with the promulgation of the Constitution in 1988, it was created the Unified Health System (SUS) resulting from an important socio-historical process, so political, with a view to improving health conditions and care of the population. The SUS is considered one of the most important social achievements, the guidelines enshrined in the VIII National Health Conference 1986, being divided into two major groups: the doctrinal, including the right to health, universality and comprehensiveness and organizational, which include decentralization, regionalization, hierarchical and ultimately the participation of the population.¹

Particularly, public policies in health care of women, until the 80s of the twentieth century, turned primarily to the maternal and child group. With the creation of Integrated Assistance Program to Women's Health (PAISM) in 1984, the intervention logic on the woman's body alters and gain visibility to the concept of integral attention to health in terms of programmatic action bases. Thus, the focus of attention to women transcends pregnancy and childbirth and goes on to consider the clinical and gynecological care, control of sexually transmitted diseases, the prevention of cervical cancer and breast and assistance to conception and contraception, and also population groups as adolescents and women in old age. The improvement and the quality of prenatal care, childbirth and postpartum, similarly, are highlighted with a view to promoting reproductive health.²

In the context of reproductive health promotion, specifically the attention to pregnancy and childbirth in 2000 the Ministry of Health established the Program for Humanization of Prenatal and Birth (PHPN), to reverse the precarious context of obstetric care, for means of ensuring access, improving coverage and prenatal care quality, delivery and postpartum and neonatal. In the program, municipalities are required to implement actions based on minimum criteria for prenatal care quality: perform the first prenatal consultation until the fourth month of pregnancy; ensure the realization of at least six prenatal consultations; a query postpartum up to 42 days after birth; a minimum set of laboratory tests, offer HIV testing; application of tetanus vaccine to the recommended schedule of immunizing dose or booster dose in women already immunized, among others.³ PHPN yet established The SISPRENATAL, a computerized control system for proper monitoring of pregnant women, from the first consultation until the postpartum period.⁴

The latest National Demographic and Health Program (PNDS, 2006) was published in 2009 and points out that access to prenatal care has expanded, as 80.9% of women surveyed made at least six prenatal visits, as recommended by the Ministry of Health since 2000. However, some problems persist, for example, about 30% of pregnant women received no dose of tetanus vaccine.⁵ These data indicate that, on the one hand there have been advances, such as with regard to access, on the other hand basic care is not carried out, meaning that the quality of care still has gaps that must be addressed and that the expansion of pre coverage natal does not guarantee positive results in terms of reduction of maternal and perinatal morbidity and mortality. One aspect to be considered refers to the stabilization of the maternal mortality rate at high levels that can be attributed to inadequate quality of care.⁶

Prenatal care quality and humanized demands the organization of health services, training of professionals, attentive and responsive to the health needs of women and their families, the use of health technologies that enable the development and fruition consultation and, finally, the follow-up of comprehensive and holistic care.⁷ Admittedly, their effectiveness is critical in the outcome of the pregnancy and childbirth process and, therefore, the identification of risk factors for maternal and fetal health is necessary, in addition to intervention in a timely manner in order to avoid them and reduce them and at the same time, promote health and improve quality of life.⁸ highlights the importance of skilled professionals in prenatal care to develop core competencies in carrying out their activities.⁹

Regarding professional practice in prenatal care, nurses have legal support for prenatal full monitoring of low-risk pregnant women, according to the Law of Professional Practice of Nursing in Brazil. In the basic health network and in the Family Health Program is expected that these professionals accountable for such assistance.⁹ The law 7498 from 25th of July, 1986, provides for the regulation of the exercise of Nursing and describes that the nurse, it should perform nursing consultation and prescription of nursing care; as part of the health team: prescribe medications, being established in Public Health Programs and routine approved by the health institution; provide nursing care for pregnant women, parturient and puerperal women and conduct health education activities.¹⁰

In this context, the nurse is able and legally bound to perform the actions of health care of women in prenatal care, including nursing consultation. Considering their holistic training and the breadth of their actions, one can predict that the assistance provided by nurses is critical to the promotion of women's health and her fetus, as well as your future baby and family.

Even before the regulations performing nursing consultations during the prenatal period, both for the Professional Practice Law, as the rules of the Ministry of Health, it is clear that, in practice, this activity is still not widely carried out as it should. This demonstrates the difficulty of the health system to break the biomedical model and the implementation of difficulty of PHPN and their recommendations.^{4,11}

According to consultation to Phoenix information system on the Intranet of the Municipal Health Department of Belo Horizonte, in 2008, there were 56.015 pre-natal consultations by doctors in Basic Health Units. The number of consultations by nurses was of 14.453 in the same period.

In the city of Belo Horizonte, as well as recommended by the Ministry of Health, prenatal consultations should be interspersed between the doctor and the nurse.^{12, 13} However, there is a discrepancy between the number of consultations held by doctors and consultations by nurses. Faced with this reality, it is possible to consider that health actions are still held in the biomedical model.¹¹

Studies show the effectiveness and positive impact of the nursing consultation in prenatal care.^{14,15} However, the analysis of indicators of the Primary Care Information System (SIAB) suggests that this practice is still not widely held.⁴

In this context, it questions the fulfillment of women's health care protocols in the prenatal period with regard to the nursing work. Thus, it is justified to carry out a review of the Brazilian literature in order to identify the limits and potential of the nurse's role in prenatal consultation.

METHOD

This is a narrative review whose object of study is the identification of the limits and potential of the nurse's role in prenatal visit.

This narrative review was conducted according to the guidelines of Rother.¹⁶ It is, therefore, developing a theme, described and discussed widely, from a theoretical perspective or context. These productions are important in order to allow acquisition and update on a particular subject. The content of books, magazine articles printed and/or electronic is presented and critically analyzed in sections defined by the author, with no claim to give quantitative answers. There is no obligation to use the sources of selection criteria, either methodology to search the references used.

In this study we chose to describe the sources and the trajectory for your choice. The survey was conducted through selection of articles and theses in electronic format in the VHL (Virtual Health Library). They sought to publications in English, using as time cutting the period 2005 to 2009, with the following descriptors: prenatal care, nursing care.

Initially found 272 publications and 138 in LILACS database, 78 in MEDLINE, 50 in the database BDENF and 06 in SCIELO. After reading the publications, they were discarded

repeated articles and that were not related to the topic of study. Thus, they selected 21 scientific publications, 20 articles and a doctoral thesis and institutional materials such as: Comprehensive care will women's health: programmatic action bases¹⁷; Program for Humanization of Birth: Humanization in Prenatal and Birth¹⁸; Prenatal and postpartum: skilled care and humane - Technical Manual¹²; Prenatal protocol and Puerperium¹³ and legislation in nursing: normative acts of exercise and nursing education.¹⁰

The analysis of the selected material made possible the design of the two central themes of the subject: the first describing the limits and the second, the potential of the nurse's role in prenatal visit.

RESULTS AND DISCUSSION

Limits the role of the nurse in the realization of the prenatal consultation

For this thematic group, the following sub-items are delimited: a) pre-natal care centered on the biomedical model; b) the lack of resources on the physical area, human and material resources; c) the lack of labor nurse and nursing consultation; d) the need for greater professional qualification; e) the educational model based on the traditional model; f) the lack of systematization of assistance.

Authors acknowledge the model of health care centered on medical work, reinforcing the assistance of the medicalized vision, focused only on biological aspects.¹⁹ This appears to increase the isolation of the prenatal care users,²⁰ given that, under this optical, pregnant women needs are not considered, hindering the establishment of bond and therefore causing the gap between professionals and women²¹ harming the relationship of confidence between professional and patient.¹⁹

The nursing consultation is an activity characterized by the medical award since it is performed only when the mother cannot see the doctor because of the demands of the services that cannot be met.¹⁹

And confirm the difficulty of inclusion and recognition of the nurse as capable and active in professional assistance to women during pregnancy, due to the hegemony of the model centered in the doctor's work.^{19, 22}

Another aspect to note is that often the attitude of listening in prenatal consultation is violence to the hegemonic model (biomedical), which must be rebuilt.²³ From this perspective, it emphasizes the urgency in replacing the current model on the other, centered on communication, dialogue and form a bond.²⁴

The lack of link between the professional and the pregnant women, and the lack of space for active communication affect the development of prenatal, making the woman as a liability and not the protagonist of the process of becoming a mother. Thus, the break with the biomedical model can be taken with one of the great challenges of nursing today.^{20,22}

Regarding the lack of resources on the physical area, human and material resources, the authors point out: the lack of adequate space to conduct consultations and educational activities taking place simultaneous attendances in the same room and interruptions during the service. This implies consultation of quality and damages the mother's privacy.^{19, 22}

The appropriate place for the consultations should ensure the security and privacy for work and for women, as they are fundamental for the achievement of quality consultation, in that it allows the construction of a trust, providing space for exposure thoughts, fears, doubts and nurses' actions with regard to health education.

A lack or deficiency of human resources and materials is a major obstacle to the implementation of nursing actions. In addition, the accumulation of functions by nurses impede the implementation of the nursing consultation that as specific activity of a trader should be seen as a priority action.²⁵

The nurse is active in administration and assistance and one of the consequences of this is the overload of activities. This limits the excellence of his work in the health care field, damaging the development of several private activities of his profession as a reference.

About the lack of nursing work and nursing consultation, pregnant women have the perception that the nursing consultation in prenatal care is a complementary procedure to the medical.¹⁵ Another aspect is that women are unaware of this kind of assistance as a right and often only have access to nursing consultation when directed by the doctor. Then, attach the nurse's work as a kind of purely technical procedure, for example, checking vital signs, weight and height measurement and vaccination.¹⁹ This data is due to the historical aspect of social representation in which the nurse is not recognized as competent for the professional service and full monitoring of low-risk pregnant women.

Thus, it is clear ignorance of the population in general and women in particular, in relation to differences in the functions of professional nurses, technical and nursing assistant. This implies the lack of recognition as a professional nurse with scientific know-how, able to perform nursing consultations during the prenatal period.

Regarding the need for more professional training from nurses, it is necessary greater personal and professional investment in the specific area, accompanied by training and encouraging the use of protocols to systematize the assistance^{15, 26, 27} Often in routine work, the practice of consulting the protocols remains in the background, affecting the quality and efficiency of care provided. Some nurses still have difficulties in activities that require knowledge and skills.⁹

Therefore, the continued and permanent education must become a reality in the profession every day.

Increasingly, the market needs of different professionals, and technical knowledge, offer, his wife and family, space for dialogue, recognizing their real needs and then plan their actions. The educational actions are still guided the traditional model of information transmission, placing the woman in a liability position, preventing exploitation of their prior knowledge.¹⁵

It is noteworthy that the space for the exchange of information and exposure to social representations becomes central to the co-responsibility and the participation of women in its gestation process, contributing to the exercise of their citizenship.

Studies show that the nursing consultation in prenatal care is not an activity with scheduled appointment and that nurses do not use scripts or tools to organize and document their actions.^{19, 22} This contributes to the centralization of assistance in medical work since the nurse's job is to ease the demand for medical consultation. Thus, the lack of systematization of care implies an ineffective assistance and therefore the devaluation of the nursing work.

After this discussion, it is emphasized that the nurse's performance limits in prenatal care undergo professional and institutional aspects. Nurses should seek more knowledge and seek to organize their actions, looking for excellence and recognition of their work. However, the limits of its operations still involve a precarious health system in physical and human resources, based on a predominant model: the biomedical.

Nurse's performance capabilities in prenatal consultation

In this thematic nucleus, the up-delimited following sub-items: a) possibility of acceptance, listening, bonding and interaction; b) the importance of the practice of health education and c) nurses' commitment in their professional performance.

The host enables dialogue, free expression of doubts, feelings, experiences, establishing links.¹⁵ The listening, attention and warmth imply positive representations of mothers regarding the care received.²⁸

Study of women about their perception about the prenatal care at a basic health unit refers to nursing consultation as a "conversation" becoming evident horizontal search while browsing.²⁹ Pregnant women feel comfortable in interacting relationship established. It becomes co-participant in driving the process lives.

This study also shows the nursing consultation as an important health education tool since it favors bond of trust, space and language accessible to the patient and freedom.

According to other authors, nurses are identified, among other professionals, such as those with greater ability to listen, despite the work overload.¹⁴

With regard to the nursing professional regarding the link established with the patient, the study shows that this bond stimulates professional using its sensitivity,

understanding women as full, with a particular history before medical history.³⁰ This finding corroborates another study reports that the nurses action in prenatal takes into account the needs of pregnant women, since it is dealt with in its entirety.²³

The nursing consultation is a space to obtain information about the gestational process by promoting self-awareness and reducing some fears.¹⁵ There is a recognition of pregnant women in relation to the work of nurses, mainly related to the practice of health education, support and guidance for nursing consultations.²⁵

In addition to preventing diseases, health education for pregnant women favors a peaceful pregnancy in which women feel safe.²² Group activities encourage the inclusion of pregnant women in prenatal.³⁰ There is a concern to provide a favorable environment for the meeting with dialogue, verbal and nonverbal communication.³¹

The nurse, in this space, looking to see beyond who is being present at the time, using an individualized and comprehensive look at each woman, seeks to realize their real needs.

The educational actions are a space for health promotion²⁷ and become essential activities for the monitoring and guidance of women in pregnancy and childbirth.³²

Some authors³³ highlight the importance of the nurse as an educator, promoting health, preventing disease and as a facilitator of changes in the pregnant woman and to learn take care of themselves during this process. Thus, health education promotes transforming action when it becomes a welcoming, open to listen and to receive inquiries from patients as well as obtaining knowledge.

Nurses to develop prenatal care, demonstrate commitment and commitment to quality of life and health of users, recognizing the quality of care being provided as a right, in this case, women.¹⁴

Once committed, nurses become co-responsible for the quality of care for women during this period. This responsibility makes seek more knowledge to develop a work of excellence, becoming active participants of women's lives, this singular point in their lives.

In this thematic nucleus, points to satisfaction of pregnant and postpartum women with the work of the professional nurse, as well as their importance for adequate assistance, based on recommended by the Ministry of Health. His training and his commitment to work stand out before the limits found in its performance.

CONCLUSION

There is no denying the great evolution of women's health in recent decades. Nursing is inserted in this context as a determinant profession in the development of physical, mental and social well-being of this population, providing means for their autonomy, self-care and co-responsibility for their health, as well as disease prevention and recovery of their health.

In this study, it was concluded that the work of nurses in prenatal care still faces many barriers, especially by the hegemonic model based on medical work. However, the positive impact of their actions on pregnancy and childbirth, as well as the recognition of their work are evident and highlighted by the users.

The nurse becomes a changer professional, acting broadly: restoring health, preventing diseases, educating, promoting health and making room for the construction of citizenship, link-building and quality of care.

It is expected that the work of nurses in attention to prenatal grow increasingly, since the search for comprehensive care is emphasized and the nurse is the most prepared professional to meet this demand.

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Received on: 23/05/2012
Required for review: 25/10/2012
Approved on: 25/08/2014
Published on: 03/04/2016

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